



175 S. Third Street  
Lehighton, Pennsylvania 18235-2029

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

VOTING MEMBER of Trinity Evangelical Lutheran Church, Lehighton? YES \_\_\_ NO \_\_\_

MEMBER of another Religious Body? YES \_\_\_ NO \_\_\_

If yes:

Name of the Congregation: \_\_\_\_\_

Address of Congregation: \_\_\_\_\_

Year graduated or will be graduating from High School: \_\_\_\_\_

HIGHER EDUCATION INSTITUTION attending: \_\_\_\_\_

DEGREE pursuing: BS \_\_\_ BA \_\_\_ RN \_\_\_ Other \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Declared Major: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

SAT: V \_\_\_\_\_ M \_\_\_\_\_ CLASS RANK: \_\_\_\_\_ GPA \_\_\_\_\_ Nat'l Honor Society? YES \_\_\_ NO \_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

**APPLICANT'S FINANCIAL INFORMATION:**

Cost of Tuition Room & Board: \_\_\_\_\_

Cost of Books & Other School: \_\_\_\_\_

Cost of Personal Expenses: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Any other Scholarships: \_\_\_\_\_

Any Loans: \_\_\_\_\_

Applicant's Savings & Assets: \_\_\_\_\_

Applicant's Income (monthly): \_\_\_\_\_

*(continued on other side)*

Are you a dependent of your parent(s) for Federal Income Tax purposes? YES \_\_\_ NO \_\_\_

**If YES:**

Parent(s) Name: \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

Parent(s) Telephone No.: \_\_\_\_\_

**Parent(s) Financial Resources:**

Net Annual Income \_\_\_\_\_

**DEBTS:**

Mortgage \_\_\_\_\_

Other Dependents at home: YES \_\_\_ NO \_\_\_

Cost of their education: \_\_\_\_\_

Cost of their support: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent